

# Daily Security Report

Client No.	2036	Client Name	O.H. Metals	Location	1002 Oswego St. Jena	Date	4/4/87								
Facility Equipment	Detox Clock 1	Weapon No.	—	Holster	—	Nightstick	—	Raincoat	1	Flashlight	1	Other	Gate & Trailer Keys, Phone		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.				Officer — Day Shift (Name)				Officer — Swing Shift (Name)				Officer — Grave Shift (Name)			
				etc. K. Felix				etc Del Vecchio				etc J. Cheviotte			
Shift				Shift				Shift							
Began 8:00 AM PM Ended 4:00 AM PM				Began 4:00 AM PM ended 12:00 AM PM				Began 12:00 AM PM Ended 8:00 AM PM							
Observations or actions taken				Observations or actions taken				Observations or actions taken							
Yes No Explanation				Yes No Explanation				Yes No Explanation							
Rounds or stations missed															
Unlocked doors, gates or windows															
Unlocked vaults or safes															
Fire-smoke-or hazards															
1. Extinguishers missing or defective															
2. Sprinkler system defective															
3. Fire doors or exits blocked															
4. Rubbish accumulation															
5. Motors running															
6. Lights left burning								AS required							
Injury hazards															
Visitors															
Trespassing															
Violation of company rules															
Remarks															
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.															
1. Were you injured during this tour?															
Day Shift 1. Yes No 2. Yes No 3. Yes No Swing Shift 1. Yes No 2. Yes No 3. Yes No Grave Shift 1. Yes No 2. Yes No 3. Yes No															
2. Did you suffer any illness?															
Day Shift 1. Yes No 2. Yes No 3. Yes No Swing Shift 1. Yes No 2. Yes No 3. Yes No Grave Shift 1. Yes No 2. Yes No 3. Yes No															
3. Have you reported all accidents coming to your attention?															
Day Shift 1. Yes No 2. Yes No 3. Yes No Swing Shift 1. Yes No 2. Yes No 3. Yes No Grave Shift 1. Yes No 2. Yes No 3. Yes No															
Signatures 1. Kenneth Felix 2. Del Vecchio 3. Joseph Cheviotte															
Signatures 2.															
Signatures 3.															
439079															

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



# CENTRON SECURITY SERVICES, INC.

Date of Report

4/4/87

time of Report

4:20

Client;

O.H. metals

Address:

1002 Osage St. Wren

Location of Incident

-Incident

Date occurred

4/4/87

Time occurred

4:20 AM

PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

when I came to work etc.

K. Felix told me about the rain coat, being ripped. when I looked at it it had been torn from the cuffs to the under arm and from there to the way down the sleeve. when I left Thursday the coat was in perfect condition.

Signed-

Det. O. J. Webb Rank

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